

Baseball's Other Drug Problem

Newsweek

February 6, 2008

Are players using an ADD diagnosis to evade the amphetamine ban?

Newsweek Web Exclusive

Updated: 7:23 PM ET Feb 6, 2008

As Major League Baseball begins to dig out from its steroids scandal, new kinds of performance-enhancing substances are sweeping big-league clubhouses: Ritalin, Adderall and other drugs designed to help with Attention-Deficit Disorder. According to records MLB officials turned over to congressional investigators as part of George Mitchell's probe into steroid use in baseball, the number of players getting "therapeutic use exemptions" from baseball's amphetamines ban jumped in one year from 28 to 103—which means that, suddenly, 7.6 percent of the 1,354 players on major-league rosters had been diagnosed with ADD.

One possible reason for this increase: in 2005 baseball banned the use of "greenies," amphetamines that help players remained focused and energetic through the rigors of a 162-game season. Amphetamines were once as common as deli spreads in big-league clubhouses—in some, greenies were used to spike the coffee. Players are now seeking doctors' prescriptions for ADD medications, usually Ritalin and Adderall, apparently to replace the now-illegal energy boosting drugs. (Ritalin is the trade name for the drug methylphenidate, and Adderall is an amphetamine-dextroamphetamine; they are both considered stimulants.)

Certainly, some of the players getting prescriptions for ADD medications may have a legitimate medical need, says David Goodman, a Johns Hopkins University doctor who has been invited to help Major League baseball develop a new strategy for amphetamines. But he calls the ADD drug spike "troubling," since it inevitably raises suspicion that players have simply found a way to evade the amphetamine ban. No cases of abuse have been reported. Determining which cases might be bogus would require a thorough study of both the prescribing doctors and the thoroughness of their examination process. Baseball commissioner Bud Selig says the league is investigating the ADD diagnoses to determine which ones are legitimate medical problems and which ones might be attempts to evade the amphetamines ban.

Separating the legitimate users from the abusers won't be easy. Estimates of ADD vary widely, from as little as 4 percent among adults to as much as 16 percent among adolescents and young adults. A diagnostician needs to assess a variety of behaviors—some of which may seem like ADD but in fact be other conditions. (The medical establishment often uses the term ADHD—attention-deficit hyperactivity disorder—interchangeably with ADD). A diagnosis of ADD requires not only evaluating an adult's behavior and mental state but also looking into the individual's childhood and family background. ADD is a genetic condition that makes its first appearance early in life. The symptoms of other conditions—bipolar disease, anxiety disorder, depression, developmental or learning differences—can make ADD diagnoses tricky and subjective.

Complicating the issue is that sports can both strengthen and undermine a person's mental well-being. The intense physical activity fosters a level of focus and commitment that helps the athlete improve the functioning of the brain. In fact, athletic competition can be the best cure for ADD, says Dr. John J. Ratey, an associate professor of psychiatry at Harvard Medical School and the author of "Spark: The Revolutionary New Science of Exercise and the Brain." Ratey has treated athletes who suddenly displayed the symptoms of ADD after injuries sidelined them. He prescribed medications during the down time, then weaned the athlete once he got back into action.

On the other hand, the lifestyle of professional athletes—constant travel, bad food, abuse of alcohol and drugs, irregular sleep patterns—can scramble the brain, undoing all the good effects of the exercise. Improper drug use often masks real needs. "People with ADD often look for a way to self-medicate and they're more susceptible to using [illegal drugs] that promise to sustain their effort," says Dr. Sanford J. Silverman of the Center for Attention Deficit and Learning Disorders in Scottsdale, Ariz. New therapies go far beyond exercise. Silverman uses neurofeedback to improve brain functioning. Patients wear a helmet that tracks brain activity. Visualizing and physical exercises help to stimulate the underactive parts and tamp down the overactive parts. ADD requires

customized treatments, Goodman notes. "The effect of exercise is variable from athlete to athlete," he says. "Some do better with medications and some do better with exercise."

With the steroids scandal still rippling through baseball, MLB is under particular pressure not to allow a new drug controversy to develop. Management faces a twin challenge: preventing the use of drugs that give some players unfair advantages by souping up their bodies like race cars while not denying medication and other assistance to an athlete suffering from a legitimate malady. Ultimately, experts say, the best way to identify both legitimate medical conditions and illicit drug use is to devise top-to-bottom systems that track a player's progress on a number of dimensions. To know a player is to know when he might be heading off course.